

ST. BARTHOLOMEW'S



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VICTORY AND DECISION

Victory is now nearly a month old and still the news seems strange and unreal. Peace seems incomprehensible, a mere abstraction feeding on a fading memory. For nearly six years we have lived in the world of the grotesque and the bizarre. Slowly and painfully we have built these things into our lives and now that they have come to an end we are ill at ease. Even in the midst of the rejoicing, when we were filled with the magnificent pride of nation, when we felt the great burden of anxiety evaporate from our backs, there was a strange feeling of incompleteness, of the unreality of the dream-world that seemed to hover round the laughing, shouting, jostling revellers who thronged the streets. It was a sensation of emotional inhibition, as though the rejoicings were premature and the greatest battles were still to come.

Yet we had good reason to be proud. As a nation we had laboured unceasingly through the years of hope and anxiety, through moments of disappointment and anticipation and through the long months when everything seemed so pointless that it was hardly worth while. Sometimes, when we had seen our friends slaughtered and horribly maimed, when we had seen our cities and our homes blasted into heaps of unrecognisable rubble, the war seemed very close. We knew war when we watched the tiny silver form of the few weaving in and out among the great black formations of the enemy, high up in the skies we had called our own. It had been easy to work when we were in the fight. But we were also proud that we had carried on when the war seemed so far away from our lives, when it was the phoney war, the desert war, the Russian's war, the war without a meaning in which we fought without a real reason. Most of all we rejoiced in our victory

because we knew that it was not only a victory of "us" over "them," but a victory of humanity over barbaric bestiality, of the supra-sensuous over the sensuous.

And we of Saint Bartholomew's also rejoiced, not only in the pride of our nation, but in the pride of our hospital, because we knew that those who had taken our decisions during the long years of war had taken them in that spirit of duty and service which has characterised our whole history. The hospital always carried on and the staff were always ready to respond to every call on their services, however dangerous and however long. May their names and the names of all those who served, go down in this glorious new chapter, illuminated in the lurid lights of the devastating fires of 1941, ringing with the sound of the shattering crashes of the German rockets.

But through all this rejoicing we were aware of something bigger, of some vaster decision yet to be made. We felt as a child who in the midst of play hears the stirrings of the great beasts in the forest. We were fully aware that the yellow submen of the Pacific had to be dealt with as mercilessly as their psychology warranted, and we knew that the rehabilitation of Europe and Asia would be a task greater than any before, but these were not the cause of our uneasiness.

Since then this cause has become more apparent. We stand in the face of a great conflict. It is the struggle between humanity willing to be controlled and individualistic humanity. We do not refer to the jealous bickerings of certain politicians, that is just the whispering of the leaves before the storm of conflicting opinion. This storm will fall on us and we will be forced to make a decision.

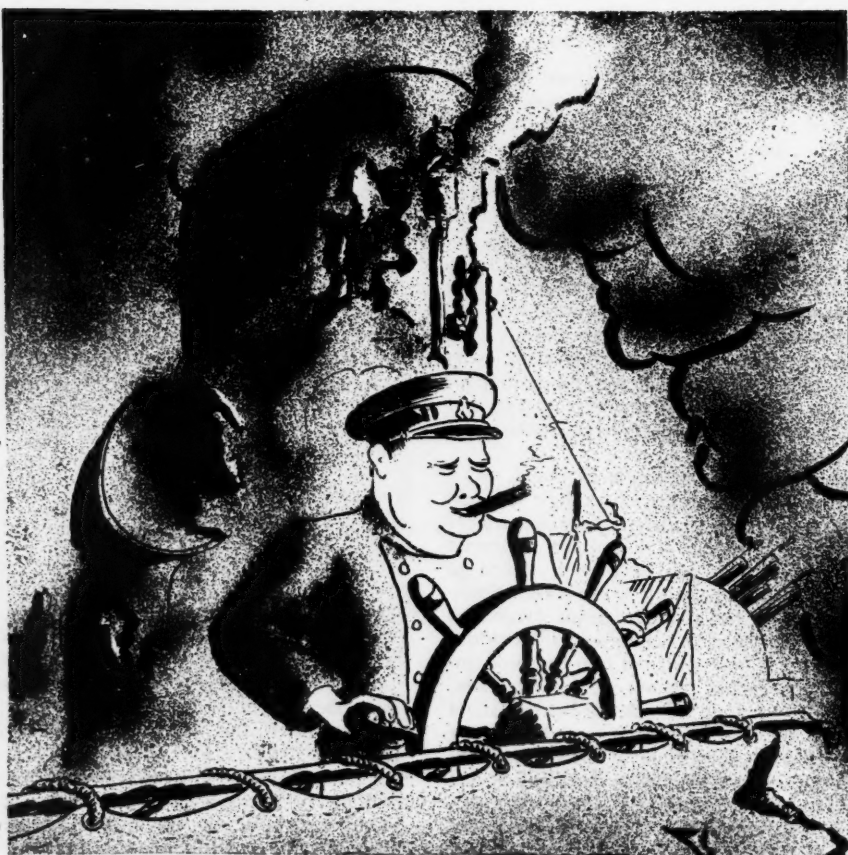
Our civilisation has reached a fork in the

road. On the one hand stand the extraverts, who hold the individual as more important than the mass, and on the other the introverts, who are prepared to be organised and controlled for the good of the mass. It is the individualists against the "people's planners" and there is point-counter-point on both sides.

Can we afford to continue without centralisation of effort? Will centralisation produce the defects of monopoly? A man works better for himself than for the system. Men achieve more when they work for each other. Nature

dictates the survival of the fittest. Humanity dictates the protection of the weakest.

The time approaches when we will have to examine our values and to discard those no longer compatible with the rest. There will be great sacrifices either way and great opposition from those who choose the other course. It will be for us to decide how we are going to use the hard won fruits of our victory. The choice will be ours, but the eyes of posterity will be on us.



"SAIL ON, O SHIP OF STATE...."

ANTHONY

A PLEA FOR REST

By FERRERS

It is interesting to look back and to bring to mind methods of treatment of disease as they have developed. It will be found that particular methods achieve tremendous popularity quite suddenly and appear to be almost universal in their application. This is often found to be the case immediately following the introduction or publication of some new form of treatment. As is so frequently the case, a greatly exaggerated idea of its value may be spread abroad and everyone is desirous of putting it to the test on his own patients. More often than not disappointment comes to both doctor and patient as the "miraculous" powers of the drug in question are found to be a myth. This has become a very frequent occurrence during the course of this century when the turnover of any commercial firm is dependent on the amount of their goods which it can persuade a credulous public to purchase, rather than upon the number of the public whom its goods leave better than they found them. The power of advertisement has only fairly recently come to take such an immense part in influencing the public upon their treatment. Partly as a result of this the watchword for the therapeutics of the last 50 years has been "drugs." It is only in that time that any rational use of drugs has developed. Previously many were used from various somewhat nauseous animal and vegetable extracts to arsenic and other drugs still used with effect. During this time many new and extremely valuable remedies have been introduced, each one, often regardless of its value, being accompanied by a spate of popularity the extent of which has depended mainly upon the skill in advertisement exercised by the firm by which it is produced: a popularity which has usually waned as the passage of time has enabled experience to appreciate the several drawbacks and snags of these "talismans."

Looking back further, one may find other eras when particular forms of treatment held sway. In almost every case it has been carried too far: the thing has been overdone—although all methods used have their place in a rational therapeutic approach. Thus for many years blood letting was practised on a stupendous scale: it was the initial step in the treatment of almost any condition—a sort of trial by bleeding on a par with the mediæval trials by fire and water. One might have said that if

the patient survived this ordeal they would eventually recover, for there was little other treatment, and if not they would die! Another therapeutic excess was the well-known "good brisk purge." An ordeal to be withstood if by any chance the patient survived the previous trial by bleeding. This was no mild drug graced with the genteelism "aperient," but the concentrated power of croton oil and colocynth, black draught and scammony. Leeches were other valuable therapeutic remedies used universally and indiscriminately. During the year 1837 this hospital used 96,300 leeches.

Throughout the whole of known medical history and teaching the method of treatment which is the most generally applicable, and which has the added benefit of being rational, has been the least stressed—namely, rest. Even the miraculous powers attributed to arsenic cannot hope to rival the beneficial effects of rest in disease. The position of arsenic in therapeutics has made it of considerable value to the student: when in doubt suggest arsenic. Among the conditions for which it is recommended in a modern textbook are: chorea, anæmia, lymphadenoma, leukæmia, glandular fever, plocythemia, syphilis, rat-bite fever, anthrax, relapsing fever, Vincent's angina, yaws, disseminated sclerosis, bronchiectasis, lung abscess, rheumatoid arthritis, multiple neuritis, psoriasis, dermatitis, herpeticiformis and other skin diseases; not to mention the multitude of conditions for which arsenic "may" be given.

The greater the rate of the so-called progress of civilization, the greater seems to be the need for rest, and, for similar reasons, the less often is it taken. So here is a paradox indeed: what is undoubtedly the most universally applicable therapeutic weapon available is becoming more and more frequently required for exactly the same reasons for which it is so seldom taken. An example of this is not hard to find. Let us consider peptic ulceration. This is one of the conditions which is becoming increasingly common. The reason is said to be bound up with the somewhat vague conceptions of increased stress and strain of life, irregularity of meals, and the consumption of excess of made-up foods of various kinds. The type of person who is frequently found to suffer from this complaint is one who works in "business"; who attends meetings which may cause meals

to be late and therefore hurried; whose breakfast is gulped almost on the way to work; lunch is a snack taken at a counter in the middle of the day; finally a mad rush home in time for a rapid supper before dashing out in search of entertainment. The ulceration develops and the symptoms progress. Then there is an intermission, and such restrictions as have imposed themselves as a result of the pain are cast aside. But inexorably the symptoms recur until the patient, several months after the onset of the pain, the local chemist having eventually failed to give satisfaction, consults a doctor and a diagnosis, we hope, is made. A line of treatment is outlined—a period of rest in bed, regular meals, dieting and drugs. The reaction of the patient—the drugs are easy, the dieting he may manage, at least until it becomes too tedious and is cast aside when the treatment is only half completed, but the rest—out of the question. He has a family dependent upon him, or she has children to look after. The saying that rest is the one treatment that all can afford is quite untrue: it costs the working man more than almost any ambulant treatment. The result is procrastination and palliation until the symptoms become too severe to bear or the patient's life is endangered by a perforation or a hæmatemesis. So here the least important part of the treatment is carried out, the most important is at least embarked upon with good intentions, but the rest is almost totally ignored until enforced by complications which might never have occurred. Often, even if rest is enforced after long persuasion by the doctor, the patient's mind is burdened by financial and other troubles which materially interfere with his recovery. This prescription for rest is not only bodily but mental as well. The question of when the good following on a period of rest outweighs the harm caused by the mental disquiet as a result of a prolonged absence from work is often an extremely difficult one. I do not invariably mean that the patient must be put to bed, stretched out flat on his back and allowed to attend to neither his own appetite nor his toilet. The question is a far wider one. I mean rest for the mind as well as, and sometimes apart from, rest for the body. The opportunity to rest after a restricted day's work may be as important for a man suffering from angina of effort as the complete inactivity ordered for a child suffering from rheumatic fever.

The fault is by no means always on the side of the patient; his reasons are very understandable. He may be won over by an explanation that the condition from which he is suffering is likely to progress; that three weeks now may

save three months later. The doctor is often at fault also. It is not sufficiently widely realised that local rest may be of little use without general rest. An example would be cellulitis of the leg: bed is the immediate order of the wise surgeon in addition to local fixation in a splint. In the words of a physician to this hospital, "You can't rest the kidney unless you rest the body." In the well known therapeutic approach taught by another physician to this hospital rest takes pride of place above diet, hygiene, drugs and special treatments. Yet this fact is so often neglected by students—more, one hopes, in their examinations than in their practice. A question on the treatment of staphylococcal septicæmia will call forth a long dissertation on the use of the latest drugs, some advise a high fluid intake; but the number who go so far as to say that they would suggest rest in bed as one line of treatment is lamentable.

The beneficial effect of a period of rest is often attributed to the particular drug which the patient is having at the time: this is especially so in Graves' disease and cardiac failure. Nevertheless, in common with all other powerful therapeutic methods, a great deal of harm may be done by its prescription at the wrong time. A patient suffering from disseminated sclerosis, requires encouragement to do as much as he is able without fatigue, except when the disease is actively progressing. The same may be said of cardiac therapeutics: Sir Clifford Albutt said, "Tell a cardiac patient to find out what he can do and do it; tell him to find out what he cannot do and never do it."

One of the aphorisms of Celsus, who lived at the time of Christ, was that, "We ought not to be ignorant that the same remedies are not good for all." Whether he means for all diseases or for all patients suffering from the same disease he does not say: each would be equally true. Rest may be one man's meat and another man's poison under very similar conditions.

A rational and effective therapeutic approach must include an understanding of the value of rest. The number of patients for whom it will be prescribed is apparently increasing with every increase in the speed and stress of our existence. To return to my opening paragraph, rest should be at the head of any therapeutic problem, to be considered carefully and expressly ordered or denied in each case. Let us hope that there will

"—arrive a lull in the hot race,
Wherein he doth forever chase
That flying and elusive shadow, rest."

Matthew Arnold

A VISIT TO SOUTH AFRICA

By W. NORMAN TAYLOR

One good thing resulted from Italy's entry into the war against us, and that was that it indirectly afforded to thousands of men from the mother country an opportunity of seeing at first hand one of the great Dominions of the Empire, namely, South Africa. Too often, between the wars, we simply took the Empire for granted, rarely giving it a thought, but now and in the future it is more than ever vitally necessary that we and the rest of the Empire should get to know each other better and work together for our mutual good. For a time South Africa stood on our only line of communication to the East, and hundreds of thousands of troops going out there spent a few days at Cape Town or Durban, days of

When a doctor leaves the Army the first thing he needs is a good refresher course. There was no post-graduate course available at that time in South Africa, but I applied for and obtained a clinical assistantship at the Non-European Hospital at Johannesburg, which was the next best thing, and I joined the ordinary students at their lectures and rounds at the General Hospital, thanks to the generosity of the Witwatersrand Medical School. Consequently it was very interesting to me to compare the system of medical teaching there with that as I had known it at Bart's. And that is what I hope to convey in this article.

The hospital for non-European patients was an offshoot of the General Hospital, the whole



never-to-be-forgotten hospitality. At the same time there was the inevitable reverse flow of casualties on their way back home, and South Africa became a place where they were rested and sorted out. At one time all the sick and wounded from everywhere between Malta and Hong Kong came through the great military hospitals established there. Which is all by way of explanation of how I came to find myself in South Africa when I received the little note saying, "Your pay and allowances will cease as from 56 days after the receipt of this notice." It only remained for me to make up my mind whether I wanted to make my entrance into "civvy street" at home or in South Africa. I decided to try the latter.

being a municipal concern. But the non-European section was very much the poor relation, and terribly overcrowded. It was nothing unusual to see a ward built for twenty-five beds with fifty or more patients in it, on mattresses down the middle of the floor, between the beds, on the balcony, overflowing into the corridors, and even on the fire escapes, with nothing to protect them from the weather but a mackintosh sheet. And the "fug" was at times almost unbearable, but it is next to impossible to get a native to keep a window open. But it was all excellent clinical material from a student's point of view. Every type of heart and lung, every type of deficiency disease, tropical diseases, venereal diseases, all the

obscure nervous conditions that make such interesting diagnostic problems, and most of them very sick indeed. The children, quite apart from their illnesses, were a delight—native children seem to have a more liberal supply of those captivating qualities possessed by kittens and puppies, and they seem to respond so quickly to treatment. The photograph shows two little orphans, that is to say ones whose mothers had died, who had been admitted with marasmus some months previously. There is still some evidence of rickets in the shin bones of the one on the left.

The type of diseases among natives is rather different, and one has to learn what to expect. For instance, gastrics and duodenals were unknown. Diabetes and new growth were rare, except, strangely enough, primary carcinoma of the liver. Luckily I had a very helpful houseman—or housewoman I should say—who helped me to find my feet in these unfamiliar surroundings. We only made one serious mistake, as far as I remember, and I shudder to think what would have happened if such a thing had occurred in England. We had a man in who was obviously very ill, but could not make a diagnosis; it might have been anything from typhoid to military tuberculosis. A few mornings later the houseman took me straight to his bed. The patient had settled the problem in no uncertain manner by developing a beautiful papular rash all over. It was a case of smallpox.

The General Hospital itself, the one for Europeans, contained 750 beds. The students were organised in firms in much the same way as at Bart's. But there was a very obvious difference. The students were not an integral part of the scheme of things as they are at Bart's. You felt that the authorities regarded them as just necessary nuisances. They were something superimposed on the hospital, not part and parcel of it. This is well illustrated by the fact that Academic terms were kept even by the clinical students, and during vacations not a student was to be seen in the wards or outpatient departments. In this respect I think our Bart's system is far superior, for not only is it more pleasant to work where one feels one is being useful, but also it inculcates a feeling of responsibility, a sobering down as it were, to which the "wild" medical student has to adjust himself sooner or later.

I used to go on the ward rounds with the final year students, especially those of the Professor of Medicine, Professor Craib, a brilliant South African, able to lecture as fluently in Afrikaans as in English, a strict

disciplinarian with his firm, and demanding perfection from his students. Occasionally in a discussion on some abstruse subject, he would turn to me, much to my embarrassment, and say, "We will ask Dr. Taylor what the Bart's opinion would be." By a process of guesswork, also learnt at Bart's, I usually managed to supply the desired answer, and so upheld, I hope, the honour of the old school.

For the final year students they had an interesting system, borrowed, I understand, from America. The students were divided into pairs, and each pair was given a subject on which to lecture. In other words, the lectures were given by the students themselves. The Professor, the Chief Assistants and the housemen, and any post-graduate visitors like myself, would be sitting in the front row. From time to time the Professor himself would interject a question, and sometimes get up and explain a point himself. The students lecturing had to know their subject absolutely thoroughly, and had to be right up to date and able to quote the latest literature on the subject. I think this system has something to be said for it. Firstly it given the student training in public speaking, and secondly it means that the student knows well at least one subject.

Another thing that struck me was this keenness to be up to date with the medical literature. It was the same with their clinical notes which were studded with references as though written for publication. In the Medical School library the *Index Medicus* was as well thumbed as any book there. All the latest journals were easily obtainable, mostly American, of course, but among the United Kingdom ones I noticed the *Bart's Journal*. Such a passion for the latest ideas was quite lacking at Bart's in my day among the students, as far as I remember. We were quite content with the latest text-books, and even "Recent Advances" was considered rather premature. There is something to be said for both points of view. The chief objection to this reverence for the latest publication was that I thought they tended to pay too much attention to, and subject their patients to, the latest American crazes. But on the other hand it was a healthy, dynamic outlook on medicine and one felt that research and progress were considered part of every student's duties, and not left to the "brainy" few. It was rather pleasing to see how "mere students" were conscientiously doing their little bits of research. One that was published while I was there was an investigation into the incidence of disease among native school children at Alexander Township, one of the native suburbs, e.g.,

tonsillitis, otitis, dental caries, rickets, etc. Has a Bart.'s student ever thought of investigating the school children of Islington or Finsbury, I wonder? Perhaps; I do not know. But in my circle in my days I do not think anyone ever thought of such a thing. The Editor of this journal is continuously crying out for material. There is plenty of such work that could be done if anyone thought it worth while. For example: What proportion of children in the children's ward have been bottle-fed babies? Or what proportion of all cases in the medical wards habitually take purgatives, and what type is the most popular? There are a hundred and one little things like that that students can do. Though they may not contribute much to medical science, they are stimulating to original thought, and, to say the least of it, they would provide copy for the journal.

Another slight difference that one notices at Johannesburg, and that is the position that the Chief Assistants hold in the scheme of things. After the Professor they are the real teachers, and they seem to owe allegiance to him rather than to the honoraries of the firms to which they belong. The honoraries appeared to conduct their rounds only spasmodically, putting in a token appearance, as it were, every now and then. They often held their rounds at impossible sorts of hours, such as 8 o'clock in the morning, before rushing off to their own busy private practices. That was just my personal impression at the time of course. The Chief Assistants each had their own private offices in the Medical School. Here they could see private patients, and so lay the foundations of their future practice more conveniently than would be the case at Bart.'s.

There was one other rather interesting activity of the Medical students at Witwatersrand. In these days of White Papers one of the favourite topics is that of the "Health Centre." Before the war there was the Peck-

ham health centre, which occupied the interests of some of the Bart.'s students of those days. But in Johannesburg the students have started their own health centre, in Fordsburg, one of the slum suburbs. Students, with a Chief Assistant or other qualified person, take it in turns to attend and be "G.P.," for which branch of medicine it affords quite a good training. Serious cases are referred to the hospital in the ordinary way. Students from other faculties of the University, particularly those studying social sciences and psychology, attend to assist with other aspects of the work, such as the day nursery, child guidance clinic, citizens' advice, and help with classes of instruction in hygiene, dietetics, and education for those families living "below the bread line." The effects of such a scheme as far as the medical student is concerned, is, firstly, that it gives him an opportunity of filling in that big gap in his medical training, of getting to know the "other half," the background from which so many cases come, and of understanding that these cases are very real human beings with very real problems. And secondly, it provides a great opportunity for training in citizenship, in service to the community to which one belongs, freely given in one's spare time.

That is my sketch of medical teaching in South Africa as it impressed me during the few months I was there. I hope that after the war, when travel becomes simpler and cheaper, there will be greater opportunities for interchange of students between the medical schools of the Empire. There have been some great South African students at Bart.'s, perhaps one day it will not be unusual to find a few Bart.'s students in South Africa, at any rate for post-graduate study. And in this way I hope we shall get to know each other better, work in closer co-operation, and share the tremendous opportunities for study that should be available for all.

KITTENS IN THE COLON

From a recent M.B. Examination Paper:—"In bacillary dysentery the stool usually contains a little puss."

The Hospital Sports Day will be held at Foxbury, Chislehurst, on Saturday, June 9th.

All contributions for the July issue should reach the JOURNAL Office by Monday, June 11th.

OBITUARY

EVAN LAMING EVANS, C.B.E., M.A., M.D. (Cantab) F.R.C.S. (Eng.)

Laming Evans died in his 74th year, young for his age, full of activity and with a keen zest for living until shortly before his death.

He was educated at Eastbourne College, and at Trinity College, Cambridge, where he obtained Honours in the Natural Science Tripos. After qualifying in 1895 he was appointed House Surgeon at St. Bartholomew's Hospital. In 1900 he went to the South African War on the surgical staff of the Welsh Hospital. As there was little surgery he was appointed Physician to the hospital and he acquired a great experience in the treatment of typhoid fever. In 1902 he gained the University prize at Cambridge for his M.D. thesis on typhoid fever. On return from the South African War Laming Evans had a varied experience in medicine, including research work in bacteriology, two years in general practice in Hampstead and House Surgeon at the old Royal Orthopaedic Hospital, which led to his appointment to the Consulting Staff of this hospital.

From this time on Laming Evans devoted himself to the study of orthopaedic problems

and to the practice of orthopaedic surgery. For his work in many Military Hospitals in London during the last war he was awarded the C.B.E. He became President of the Orthopaedic Section of the Royal Society of Medicine and President of the Harveian Society, London. In 1936 he retired as Senior Surgeon of the Royal National Orthopaedic Hospital, having reached the retiring age, but at the outbreak of this war he volunteered his services and worked for three years in the Out-Patient Department.

Laming Evans was always a loyal and devoted son of St. Bartholomew's Hospital. He kept in close contact with his old hospital through Masonry. In 1909 he was elected Master of the Rahere Lodge, and he afterwards served as Secretary for many years. He became Almoner of the Lodge and in this office, which he held until his death, he devoted himself to its many beneficiaries. In this work he showed that love for his fellow men which was such a strong feature of his character and made him a most loveable man. His parting from us is a great loss to his many friends.

THEY CAME TO A WOOD

"... Men are at some time masters of their fates. The fault, dear Brutus, is not in our stars but in ourselves that we are underlings."

Thus Cassius. Barrie in "Dear Brutus" says in effect that we may all have a second chance but that it is only the ones with the "thin bright faces" who ever reap the benefit; the "thin bright faces" being, one supposes, merely an anæmic version of Cassius' "lean and hungry look."

Barrie's seven characters in search of a second chance are, on their own admission, nice people with nice manners who have no grit at all and their experiences in Lob's wood are supposed to show us that the hope for a second chance is a baseless fantasy and that we are doomed to make the same mistakes over again. The trees in Lob's wood are the same old trees and not a scrap like Arthur Rackham's; the rabbits and squirrels are just like so many squirrels and rabbits that have never heard of Walt Disney. The essential weakness of the play is that the philosophy is inconsistent. All seven having swallowed their bitter pill do, in fact, get a second chance in that they are purged

once and for all of their discontent. Purdie hopes that Mabel will breathe the warning words, "Lob's wood," when he looks as if he is about to deviate—he has at least realised his tendency towards deviation. In the same way Dearth has gained a dream daughter who must be more tangible than ever before as well as a wife who will never again throw the Honourable Freddie Finch-Fallowe in his face. There is the feeling that Barrie was unable to forego if not a happy ending certainly a more hopeful one.

"Dear Brutus" is a perennial that has withstood the test of time and amateur dramatic societies remarkably well. If it were not for its fine construction and provocative theme it could never have overcome the appalling disability of Joanna's "sveltness" and Margaret's "Daddykins." Drawing-room dialogue, like women's hats, has a short life and is seldom remembered with regret. Plays which depend solely on dialogue without the saving grace of ideas tend to be out of date before the end of their run, and only remembered as period pieces.

The Hill End Bart's players did not fail to treat "Dear Brutus" with the consideration it deserves. Their playing, though diaphanous in places, was sincere and the spirit of the play was there.

Will Dearth, the seedy artist with the watery eye and shaking hand who was one and the same with the carefree artist of the wood, was played by Robert Dibb, who gave a delightful performance. One liked him best as Margaret's father because here his excellent voice and easy manner was allowed full scope. As a contrast Heather Bangert as Alice Dearth was at her best this side of the wood. Her forte is the drawing-room (Marie Tempest was at her best at the tea-table—she could pour a cup of Lapsang-souchang with the same grace as Gerald Du Maurier could light a cigarette) and she has the ability to stand still or move with purpose when the occasion demands it.

The difficult role of Margaret was taken by Kay Simmons who was in some danger of spoiling an otherwise clever performance by too precise a repertoire of mannerisms.

Peter Weston played that Peter Pan with Progeria—the whimsical Lob. He kicked his legs agilely enough, was winsome and childish enough, but one could have wished that his exit in the last act could have been managed without recourse to a particularly inept priests-

hole; a technical point but one which lost him much of his Ariel-like quality and turned him into a tiresome old man with a taste for practical jokes. The "so fluid" Joanna was very neatly played by Joan Newton. She and Jack Purdie—Robert Robins—kept their promiscuity on a delightfully high moral plain. Robert Robins was particularly good in the last act. He deflated faster and more thoroughly than any barrage balloon.

Frederic Powell as the male Coade and Barbara Pierce as the female Coade gave an extremely good performance as the placid and devoted couple who, above all others, reaped the full benefit of Lob's wood. Coady never writes his Social History but it is doubtful if he ever really wanted to.

The parts of Lady Caroline and Mabel Purdie were played by Mary Colyer and Margery Pavey-Smith.

J. Q. Matthias as Matey had considerable difficulty with the loom of language but he managed to convey well enough the impression of the little swindler who, when given a second chance, becomes a bigger swindler who subscribes handsomely to the Police Fund.

The play was produced by Desmond Tucker with considerable restraint and understanding.

J. R. N.

BOOK REVIEW

SYNOPSIS OF SURGERY. By the late E. W. Hey Groves, M.S. Edited by Surg. Rear-Admiral Cecil P. G. Wakeley, C.B. Twelfth Edition. John Wright & Sons, Ltd., Bristol, Price 25s.

In the words of the author this book is "an epitome of the salient facts in surgical practice." Being an epitome it has sacrificed everything to obtain conciseness, yet nevertheless room has been found for many line illustrations. The arrangement is in note form which makes the book excellent for quick revision, but combined with the smallness of the print, makes it difficult to read. It is a convenient size to fit into the pocket, and its twelve editions testify to its popularity as a work for anxious revision in our more harassed moments.

THE INFANT: A HANDBOOK OF MANAGEMENT. W. J. Pearson, D.M., F.R.C.P., and A. G. Watkins, B.Sc., M.D., F.R.C.P. Third Edition. H. K. Lewis & Co., Ltd., Price 4s.

This is a small book dealing solely with infant management from a practical point of view. The text is short and precise and contains many useful details and tables concerning the food and the care of the premature as well as full-term infant. In addition there is a list of prescriptions in suitable dosage for the one year old.

TEXTBOOK OF MEDICINE. Edited by J. J. Conybeare, M.C., D.M. (Oxon), F.R.C.P. Seventh Edition. E. and S. Livingstone, Ltd., Price 30s.

Another edition of this popular book is a welcome sight in the eyes of the student about to embark on his clinical career. The book is clearly printed and well set together, and the text is so readable that one could sit down and read it from cover to cover without wasting any time over the more abstruse points of theoretical medicine. As it is so concise and yet covers so much ground, it makes an excellent book from which to obtain a complete and balanced bird's eye view of the science and practise of medicine, before delving more deeply into the more specialised books.

The book has been revised and the various authors have amended and added to their sections to bring them up to date.

The book is recommended to all students.

SICK CHILDREN. Donald Paterson, M.A., M.D., F.R.C.P. Fifth Edition. Cassell & Co. Price 16/-.

The book has again been very competently brought up to date. Numerous additions have been made concerning modern advances in treatment and child psychology, without the book losing any of the compact clarity which makes it an excellent textbook both for the student and the practitioner. The book is liberally illustrated and the print is good.



M.J.L.

LIFE OF A PRECLINICAL STUDENT

CORRESPONDENCE

ENTER A GENTLEMAN
FROM BRAVEST BOHEMIA

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

With even more trepidation than Mr. Rampion Hurst, I attempt to put into coherent words my own particular answer to Mr. Thompson's question, "What are we living for?"

When the Jews took up a modified Egyptian religion, they discarded the apotheosis of life after death, Osiris, in the belief that they would gain strength from this. That they have is proved that they are, this day, one of the few western religions which is purely monotheistic and has survived great persecution, and which denies life after death (including Mohamedism, Protestantism and Catholicism). Christianity evolving from Judaism by way of a relief from the primal sin, i.e., father murder (the death of Moses) Christ died for us, is our saviour therefore we are no longer guilty—is a weaker religion as Paul wished to appeal to a larger mass of people mainly living in servitude. He resurrected 'the life after death' philosophy as a compensation for the hard lot of the people on earth. Because of the inclusiveness of the Christian doctrine, it attracted far more converts than the exclusive Judaic religion (the "chosen!"). But both stripped of their dogmas and their laws and prohibitions are exactly the same except for this. The essence is "Love thy neighbour as thyself"—first written in the Old Testament.

This preamble leads to this. When Darwin announced, with proof, his theory of evolution, man realised that he was only an intelligent animal plus a super-ego—the conscience—which made him sensi-

tive to his shortcomings. (This developed by acon of learning from his mistakes.) Religion became necessary to protect from the vicissitudes of life (the father love) and to compensate for them (run to mother, dear!). With this awareness, why religion, why life hereafter? Aren't we brave enough to say to ourselves—I can stand on my own, fight my own battles, live my life without dogma or worship or humbleness—and when I die to look back and not regret—to be able to say I have done no wrong and if I have, so what?

Naturally all people are governed by the social laws of the world and do not commit sins, unless from need or because of psychological illnesses. Therefore I say, live your life without fear, do good but not to store up "riches in heaven" and living will be a pleasure.

We, as future doctors, are lucky. When we qualify we have illimitable power of goods—without creating an illusion—and need expect no reward except that necessary to maintain our life. Don't let us worry about the patient's soul—if he is mentally sick—the psychologist, physically—the appropriate department—in need—the almoner and social worker. If the prognosis is hopeless, a little philosophy will do more than turning to some vague promise in a much translated and over-revised book. Tell the patient what to expect—but it is wrong to console. How disappointed so many many people are going to be on waking up dead—to paraphrase the Irish joke!

Finally—and I must apologise for the length of my argument—cast out this sickness, this chance on life that is religion, which destroys more than it creates. Just "love thy neighbour" and remember—"Life ends in death, which is the grave."

Yours sincerely,

N. L. PAROS.

The Abernethian Room,
St. Bartholomew's Hospital.

RECENT PAPERS BY BART'S MEN

- ALSO, A. F. (and Aylett, S. O.). "Surgery and Anaesthesia of War Wounds of the Abdomen." *Brit. Med. J.*, April 21st, 1945, pp. 547-551.
- ATKINSON, M. "Migraine Headache: Some Clinical Observations on the Vascular Mechanism and its Control." *Ann. Int. Med.*, Dec., 1944.
- BACH, F. "The Management of Rheumatoid Arthritis." *Proc. Roy. Soc. Med.*, March, 1945, pp. 205-207.
- COHEN, E. LIPMAN. "The Incidence and Localization of Acne." *Brit. J. Dermat.*, Jan./Feb., 1945, pp. 10-14.
- EDWARDS, J. T. R. (and Drummond, R., and Taylor, G. L.). "Potent Anti-Rh Agglutins Developed in an Rh-Negative Female after Multiple Transfusions of Rh-Positive Blood." *Brit. Med. J.*, April 28th, 1945, pp. 584-586.
- ETHERINGTON-WILSON, W. "Torsion of the Great Omentum: Report on Four Cases." *Proc. Roy. Soc. Med.*, March, 1945, pp. 185-186.
- "Appendicitis in the Newborn: Report on Case 16 Days Old." *Ibid.*, pp. 186-187.
- GARROD, L. P. "Impressions of Paris." *Brit. Med. J.*, April 14th, 1945, pp. 519-520.
- HAWKING, F. "Recent Work on the Pharmacology of Sulphonamides." *Brit. Med. J.*, April 14th, 1945, pp. 505-509.
- INNES, A. (and Ellis, V. H.). "Battle Casualties Treated with Penicillin." *Lancet*, April 28th, 1945, pp. 524-528.
- KNOX, R. "Effect of Penicillin on Cultures." *Lancet*, May 5th, 1945, pp. 559-561.
- LEATHART, P. W. "The Role of the Tonsils and Adenoid Mass in the Production of Immunity in Childhood." *Practitioner*, May, 1945, pp. 312-316.
- MCCURRICH, H. J. "Some Comments on the Report of the Goodenough Committee on Medical Schools." *Brit. Med. J. Suppl.*, May 5th, 1945.
- NELIGAN, A. R. "The Management of Osteoarthritis." *Proc. Roy. Soc. Med.*, March, 1945, pp. 208-210.
- OSMOND, T. E. "Problems of Venereal Disease in the Army." *Practitioner*, May, 1945, pp. 280-285.
- PETERS, R. A. (et. al.). "The Treatment of Post-Arsphenamine Jaundice with Sulphur-Containing Amino-Acids." *Quart. J. Med.*, January, 1945, pp. 35-36.
- PHILIPS, C. G. (and Kremer, M., and Stanier, M. W.). "Distribution of Sulphamezathine in the Body-Fluids." *Lancet*, April 21st, 1945, pp. 496-497.
- ROBB-SMITH, A. H. T. (and Converse, J. M.). "The Healing of Surface Cutaneous Wounds: Its Analogy with the Healing of Superficial Burns." *Ann. Surg.*, December, 1944, pp. 873-885.

ROYSTON, G. R. (and Lamb, W. L.). "Chronic Amebiasis. *Lancet*, April 14th, 1945, pp. 455-457.

SEDDON, H. J. (et. al.). "The Poliomyelitis Epidemic in Malta, 1942-3." *Quart. J. Med.*, January, 1945, pp. 1-26.

WILLIAMS, R. H. H. (and Nelson-Jones, A.). "Tracheotomy in Bulbar Poliomyelitis." *Lancet*, May 5th, 1945, pp. 561-563.

WITTS, L. J. (and Mendelssohn, K.). "Transmission of Infection during Withdrawal of Blood." *Brit. Med. J.*, May 5th, 1945, pp. 625-626.

SPORT

PRECLINICAL RUGGER

With the winning of the "Cuppers" in Cambridge, Bart's Pre-Clinicals gained themselves a worthy position in Cambridge Rugger.

In the first match Magdalen was beaten 8 nil. This was the first and unfortunately the last match the Captain, S. Hacking, played. The Pre-Clinicals were most unfortunate in losing a very fine captain so early on, but Lloyd filled the place admirably.

The second match was played against Queens, who gave the side a hard match, which was won 3 nil after playing extra time. The semi-final was against Emmanuel, who at times looked very dangerous. This match was won 6-3.

The final was played on the University ground in front of an enthusiastic crowd. The game was very fast right from the start, John's being the cause of the trouble. Bart's defence checked it. It was obvious from this moment onwards that John's were up against a team and not individuals. John's opened the scoring with a try, which was not converted. This seemed to stir Bart's to greater efforts. The ball was taken well down into the John's half; some fault occurred and there was a set scrum. The Pre-Clinicals heeled the ball very quickly and the ball went out to Hawkes at right centre, who, with his usual precision and deftness, dropped a perfect goal. The dropped goal gave immeasurable courage to the side. Many good movements by both forwards and backs were stopped by superior defensive play by John's, but eventually Hawkes made an opening for his wing, Wilkinson, who beat the full-back very cleverly to score. Hawkes converted. The second half opened by strong attacks by Bart's, who kept the ball in the John's 25. John's then produced a very strong attack, which beat the Bart's defence to score an unconverted try. After this Bart's played more on the defensive, and full-time saw the score at 9-6 to Bart's.

The outstanding players throughout the game were D. Morgan at fly-half, and R. Rossdale at wing-forward. Pedersen and Reiss played their usual confident game. There is no need to dwell here on the play of Hawkes, which, as always, was a great asset to the side.

Congratulations are due to the rest of the side for the spirit and determination they have shown throughout the season.

SOCCER

Bart's v. Middlesex Hospital. Away. April 7th. (1st Round Inter-Hospital Cup.) Won 6-0.

This match, played on the Middlesex ground, resulted in a victory for Bart's by 6 goals to nil, all our goals being scored in the second half. The game

opened with much scrappy play and miskicking, and for the first quarter of an hour hardly a pass going straight. During this period each side attacked spasmodically until a good movement resulted in Mangan netting, only to have the goal disallowed as another forward was off-side. After this Bart's did most of the attacking with everyone playing better and the forwards playing well together. McClusky put the ball into the net, but once again the goal was not allowed. Before half-time we came very near to scoring on several occasions, and with better shooting could have done so. Mangan was unlucky to have a very hard shot strike a very unsuspecting opposing back with his back turned towards the ball.

The second half showed Bart's right on top. Almost immediately after the kick-off the ball went to Burns, who centred well for Pine to score. Blackman got the second goal with a hard left-footed shot after working the ball right across the goal to beat several opponents. By now long passes were finding their men, and Burns rapidly made it three, running into the centre to receive a pass from Mangan. Middlesex were still attacking spasmodically whilst Elliott had changed places with Jordan, going to left half where he was doing much good work in the attack. McClusky scored the fourth goal with a hard shot from some way out, and Blackman made it five. Before the end Elliott, with a long shot, had the goalkeeper beaten with the ball well in the corner of the net.

INTER-HOSPITAL CUP SEMI-FINAL

At Teddington, v. Guy's Hospital, Saturday, April 14th. Lost 3-2.

Bart's lost the toss and started with the slope against them. Within seven minutes we had scored two goals, the situation seemed excellent and the interest and enthusiasm of the loyal Bart's supporters on the touch line was aroused after a certain degree of surprise. The first was scored by McClusky, who tapped it in from a headed centre by Pine on the right wing; almost immediately this was followed by a quick goal from Blackman, who slipped the ball in to the right hand corner. Then something happened, something which happens only too frequently to Bart's soccer, confidence with its accompanying "don't care" attitude set in and remained for the rest of the game.

Guy's then began to press and were rewarded by a quick goal from their inside right. They kept pressing the whole time and were unfortunate with several near misses and several well-saved shots by Dallas Ross. Walker was beginning to make his weight felt, and on many occasions broke up their forward line. Near half-time it looked as though Mangan would score when he took a long shot with their goalkeeper right up, but it unfortunately just skimmed the corner post.

With the score at 2-1 to us at half-time there was a certain feeling of uneasiness, but with a goal

in hand and the slope with us there still appeared every chance of pulling it off.

What happened to Bart's in the second half is difficult to express without a certain amount of touch-line bias, but all the spirit and enterprise seemed to leave the team. Guy's equalised after 10 minutes with a most unusual goal kicked directly from a goal kick. It was unfortunate in itself, but seemed to add to our discouragement. Pine, who was playing a magnificent game, nearly scored a long shot in to the corner, but their goalie just managed to get his hands to it. Guy's began to press again and once it seemed that they must score but for Dallas Ross who rushed out and stemmed the tide, but in so doing he injured his knee. The situation then appeared hopeless and was settled when Ross tried to throw the slippery ball, it trickled to a Guy's forward who did not waste such an opportunity. Once again Pine nearly scored with a magnificent head from a pass by Burns, it just topped the cross bar, and shortly after McCluskey nearly slipped one in, but their goalkeeper was always ready.

It was tragic that Bart's appeared unable to muster enough strength, for it was a very even game and one felt they could have done better. Walker is to be congratulated on an outstanding game in the defence, he worked hard and well and never gave in.

Team: Dallas Ross, Walker, Elliott; Cartledge, Murley, Amos; Burns, Mangan, Blackman, McCluskey, Pine.

SEMI-FINAL LONDON UNIVERSITY LEAGUE *v. Borough Road College. Lost 6—2.*

This game was played in ideal conditions on the Middlesex Hospital ground, and although we were fielding a weak side, we managed to give our opponents plenty to think about in a very fast game.

During the first 15 minutes of play we were much in evidence in the attack and only poor finishing in front of goal prevented us taking the lead very early in the game. The team as a whole were playing extremely well, and it was encouraging to see the good combination among the forwards, especially as

there were three men deputising for regular players. After about twenty minutes' play, Borough Road broke away on the right wing and the outside right scored with a beautiful cross drive, which gave Dallas Ross no chance. Within a short time from the spot kick, however, we equalised through Pine after some good passing by the halves and forwards. This gave us new confidence, and we were pressing their defence once more.

At about this time our opponents started playing good football, and our goalkeeper made some brilliant saves from some very fast drives, some of which looked certain winners. Borough Road were now definitely on top and added three more goals before half-time, to make the score 4—1.

At the change-over, we had the advantage of a slight breeze and were able to go into the attack once more, but again the finishing was poor, except for one occasion when Mangan scored a very good goal, the result of a movement started from the half-way line. This stirred our opponents into action, and they netted another, due to an unfortunate lapse on the part of one of our backs. Shortly after this, Mangan, who had taken McCluskey's place at inside left, found himself in the happy position of being a few yards from goal with the ball at his feet, and the keeper lying flat on his face, but very sportingly, as becomes a Bart's forward, he placed the ball into the side rigging instead of into the yawning space of the empty goal with which he was confronted. The play continued to be keen throughout, and they added yet another goal before the final whistle blew.

I wondered afterwards how this game would have turned out had some of our regular players not taken it into their heads to go on a little holiday to celebrate our reaching the semi-final of the league, as even with the reserves in the side we gave Borough Road a very good game—better perhaps than the score would suggest.

As a last thought, it was nice to see two well-known members of our staff on the touchline for a few minutes, but even nicer was the fact that our opponents failed to score whilst they were there!

ANNOUNCEMENTS

MARRIAGES

DONALDSON—LABORDA-JONES.—The marriage of Mr. Peter R. Donaldson and Miss Anita Laborda-Jones took place at Surbiton on Thursday, May 10th, 1945.

BIRTHS

FAWKES.—To Hilary (née Holton), wife of Capt. M. A. Fawkes, I.M.S., at Srenndorabad, India—son, John Edward.

EXAMINATION RESULTS UNIVERSITY OF OXFORD

2nd B.M. EXAMINATION, HILARY TERM, 1945

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Skeggs, P. L.

UNIVERSITY OF CAMBRIDGE EXAMINATION IN PHARMACOLOGY

Buchanan, J. H. S. Stanley Smith, G.
Portelly, J. E. Hodgson, O. E. F.
Dickinson, A. M.

CONJOINT BOARD **FINAL EXAMINATION, MARCH, 1945**

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Ballantyne, P. T.
Dallas Ross, W. P.
Davies, I. N.
Sankey, P. R. B.
Lawrance, K.
Hogben, B. H.
Church, R. E.
Moore, P. H.
Moore, W. T. S.
Bourne, G. L.
Wand-Tetley, J. I.
Dingley, A. G.
Deane, K. R. H.

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Arundell, P. W.

Seed, S.
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Youngman, R.
Strangeways, W. M. B.
Conway, F. J.
Bowen, C. W.
Watts, E. M.

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Seymour, J. C.

Robinson, K. W.
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Jukes, W. R.
Yeardsley, F. J.
Richter, D.
Grant, M.
Laymond, A. O.

MIDWIFERY

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Arundell, P. W.
Buckley, A. R.
Bourne, G. L.
Marrett, J. E.
Wince, W. H. D.
Seymour, J. C.
Jackman, C. C.
Jukes, W. R.

Alment, E. A. J.
Philip, P. P.
Thompson, J. M.
Nuttall, D.
Kelly, W. P.
Ostlere, G. S.
Thomson, S. W.
Royle, F. C. W.

The following candidates have completed the
examinations for the Diplomas M.R.C.S., L.R.C.P.:—

Mathew, G. G.
Seymour, J. C.
Watts, E. M.
Wells, P. W.

Mark, P. M. C.
Richter, D.
Alment, E. A. J.
Hewett, N. M. O'C.

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